

**ENTRY BLANK****C****PLEASE TYPE OR PRINT**

Entered previous May Show

 Ms. Mr. Artist yes     no

(Last Name Last)

Permanent  
Address

679 FOUSE    Akron

Street

City

44310

Tel.

216    535-8961

Zip

Area Code

Temporary  
Address

Street

City

Tel. (    )

Zip

Area Code

Permanent address is in what county?

Summit

Born in Cuyahoga County     Yes     No

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

 Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address:**Special Instructions**

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

**THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.**

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Michael Ulichney

## ENTRY BLANKS

**1**

1. Paintings  2. Graphics  3. Photography  
 4. Sculpture  5. Electric  6. Crafts

Medium or Materials

**Pencil****Sea Horse**

Title

Price or NFS	Insurance Value If NFS Only	Size
<b>NFS</b>	<b>\$200<sup>00</sup></b>	<b>26" x 36"</b>

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame

DO NOT WRITE IN THIS SECTION

32 (2)

ACCEPTED

REJECTED

FEE PAID

BY

10/16/76

OK

**2**

1. Paintings  2. Graphics  3. Photography  
 4. Sculpture  5. Electric  6. Crafts

Medium or Materials

**Pencil****Nile Trout****Nile Trout**

Title

Price or NFS	Insurance Value If NFS Only	Size
<b>NFS</b>	<b>\$200<sup>00</sup></b>	<b>30" x 32"</b>

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame

DO NOT WRITE IN THIS SECTION

33 (2)

ACCEPTED

REJECTED

RECEIVED

BY

10/16/76

L.H.

1976 MAY SHOW

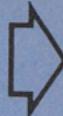
The Cleveland Museum of Art

Cleveland, Ohio 44106

*Please keep address within this box for*

Name	Michael Ulichne
Address	679 Fouse Ave
City & State	Akron, Ohio

DO NOT DETACH



**2**

1. Paintings  2. Graphics  3. Photography  
 4. Sculpture  5. Electric  6. Crafts

Medium or Materials

Pencil

Nile Trout

Title

DO NOT WRITE IN THIS SECTION

33 (2)

ACCEPTED

REJECTED

X